
Full name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Father

Mother

State Of Idaho, Department Of Health And Welfare

Plaintiff or Co-Petitioner,
vs.

Defendant or Co-Petitioner.

STIPULATION TO CONSOLIDATE

Case No. _____

Case No. _____

An action for [] Divorce [] Custody has been filed. These cases involve issues relating to the child/ren of the above-named parents. We ask the court to consolidate the cases. Rule 42(a), I.R.C.P.

DATED: _____

Attorney for the Department of Health & Welfare

DATED: _____

(Signature of Parent)

DATED: _____

(Signature of Parent)